

06-18-01

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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

FREEM-174X

First Named Inventor

Freeman

Original Patent Number

US 6,171,102 B1

Original Patent Issue Date
(Month/Day/Year)

01/09/2001

Express Mail Label No.

EL 794610736 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of
Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



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NAME (Print/Type)

Kit M. Stetina

Registration No. (Attorney/Agent)

29,445

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
FREEM-174X

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 22	Total Claims (37 CFR 1.16(j))	(B) 9	**** 0 =	x \$ 9 =	0	or	x \$ ____ =
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	. 0 =	x \$ 40 =	0		x \$ ____ =
Basic Fee (37 CFR 1.16(h))					\$355		\$ ____
Total Filing Fee					\$355	OR	\$ ____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 31	MINUS	** 22	* = 9	x \$ 9 =	81.00		x \$ ____ =
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 2	= 2	x \$ 40 =	80.00		x \$ ____ =
Total Additional Fee					\$161	OR	\$ ____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-4330.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 516.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Date _____

Signature of Applicant, Attorney or Agent of Record

Kit M. Stetina

Typed or printed name

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

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on June 14, 2001
(Date)

Kristin Stenberg
Signature

Kristin Stenberg
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Reissue Patent Application Transmittal;
2. Reissue Application Fee Transmittal (in duplicate);
3. Specification and Claims in double column copy of patent format (4 pages);
4. Drawings (2 pages);
5. Reissue Application Declaration by the Inventor (2 pages);
6. Reissue Application by the Assignee;
7. Certificate Under 37 C.F.R. § 3.73(b);
8. Copy of Notice of Recordation and Recordation Form Cover Sheet;
9. Copy of U.S. Patent No. 6,171,102 B1;
10. Preliminary Amendment (4 pages);
11. Check for \$516.00; and
12. Return Receipt Postcard